

LED MAY 10 1943
Registration District No. 366

Primary Registration District No. 4536

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Potosi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Billie Joe Smith
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased July 24 1942
(Monthly) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 4 hr. min.

9. Birthplace Crawford Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Wallace Smith
13. Birthplace Crawford Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Frances Burgher
15. Birthplace Crawford Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frances Burgher
(b) Address Potosi Mo

17. (a) Burial (b) Date thereof March 29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burymen Mo

18. (a) Signature of funeral director C. F. Sparks
(b) Address Potosi Mo

19. (a) 5-1-1943 (b) Joseph L. Fleumer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Potosi
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1943 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 28
28 - 1943, to March 28, 1943
that I last saw him alive on March 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute gastro-enteritis
Due to error of diet Duration 1 day

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1190

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of Injury _____
23. Signature Joseph L. Fleumer (M. D. or other)
Address Potosi, Mo. Date signed 5-3-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 5-17-39
U.S. GPO: 1939 O 419511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4
District File Number 543-2214
Date Filed 5-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.